

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR

FOR MUNICIPALITY USE

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

| Building Permit Number: | 4 | | Date Issued: | | |
|--|--|---|---|--|-------------------------|
| Signature: Building Co | Building Commissioner/Inspector of Buildings | | Date | | |
| SECTION - SITE INFORMATION | FORMATION | 77.2 | | | |
| 1.1 Property Address: | × | | 1.2 Assessors Map & Parcel Number: | & Parcel Number: | |
| | | | | | |
| | | | Map Number | Parcel Number | |
| 1.3 Zoning Information: | on: | | 1.4 Property Dimensions: | ions: | |
| Zoning District Pr | Proposed Use | | Lot Area (sf) | Frontage (ft) | |
| 1.5 Building Setbacks (ft) | s (ft) | | | | |
| Front Yard | Yard | Side Yards | ards | Rear Yard | ard |
| Required | Provided | Required | Provided | Required | Provided |
| 1.6 Water Supply (M.G.L. c. 40, § 54) Public Private | G.L. c. 40, § 54) te □ | 1.7 Flood Zone Information: Zone Outside Flood Zone | _ | 1.8 Sewage Disposal System: Municipal □ On site disposal system □ | stem: xxsal system □ |
| SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT | RTY OWNERSHIP/AU | THORIZED AGENT | COMMISSION OF THE PROPERTY OF | | |
| 2.1 Owner of Record: | •• | | | | |
| Name (Print) | | | Address for Service: | | |
| Signature | Telephone | one | | | |
| 2.2 Authorized Agent: | # | | | | |
| Name (Print) | | | Address for Service: | | |
| Signature | Telephone | one | | | |
| SECTION 3 - CONSTRUCTION SERVICES | RUCTION SERVICES | | | | |
| 3.1 Licensed Construction Supervisor: | uction Supervisor: | | | Not Applicable | |
| Licensed Construction Supervisor | upervisor. | | | License Number Expiration Date | |
| Address | | | | | |

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THE MASSACHUSETTS STATE BUILDING CODE

| Signature Telephone | Address | Company Name | 3.2 Registered Home Improvement Contractor: | Signature Telephone |
|---------------------|-----------------|---------------------|---|---------------------|
| | Expiration Date | Registration Number | Not Applicable | |

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APPENDIX B

| | | Date | 1 | | | Signature of Owner/Agent | Signature |
|---|---|--------------------|--|---|---------------------|---|-----------------------|
| | | | | | | , B | Print Name |
| | | | | s of perjury. | ıd penaltie | Signed under the pains and penalties of perjury | Signed u |
| as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. | true and accurate, to | application are | the foregoing a | and information on | atements : | edare that the st | hereby d belief. |
| | | | ARATION | SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATION | UTHORIZ | 17b - OWNER/A | SECTIO |
| | | Date | | | | of Owner | Signature of Owner |
| | application. | uilding permit | rized by this b | hereby authorize to act on my behalf, in all matters relative to work authorized by this building permit application. | matters re | thorize my behaif, in all | hereby a to act on |
| as Owner of the subject | | | | | | | l, property |
| | | HEN RMIT | OMPETED Y | SECTION 74 - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT- | UTHORIZ | I7a OWNERA SAGENT OR CO | SECTION OWNER |
| | umber | Check Number | | | 5 | 6. Total = (1+2+3+4+5) | 6. Total |
| | (a) x (b) | (a) > | | | | otection | 5. Fire Protection |
| | | Puilding | 1 | | | 4. Mechanical (HVAC) | 4. Mech |
| | struction (a) | COL | 1 | | _ | | 3. Plumbina |
| | (b) Estimated Total Cost of | (b) Estin | | | _ | <u>₹</u> | 2. Electrical |
| | (a) Building Permit Fee Multiplier | (a) Build Multi | | | | Q | 1. Building |
| Official Use Only | Offici | | (Dollars) to be ermit applicant | Estimated Cost (Dollars) to be completed by permit applicant | | | Item |
| | | | A CONTRACTOR OF THE CONTRACTOR | SECTION 6 - ESTIMATED CONSTRUCTION COSTS | CONST | I-6 ESTIMATE | SECTION |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | ! |
| | | | | | sed Work: | Brief Description of Proposed Work: | Brief Des |
| | | | | | | | |
| | | Specify: | Other 🗆 Sp | ion 🗆 | Demolition | y Bidg. \Box | Accessory Bldg. |
| □ Addition □ | Alteration(s) | | Repair(s) | Existing Building | Existing | struction | New Construction |
| | | licable) | (check all app | SECTION 5 - DESCRIPTION OF PROPOSED WORK (check all applicable) | ON OF PA | I & - DESCRIPTI | SECTIO |
| | | | | O No | 41 | Signed Affidavit Attached Yes | Signed A |
| Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. | is application. Failure | bmitted with th | npleted and sul | ffidavit must be cor uilding permit. | surance at the b | Compensation In | Workers in the de |
| | SECTION 4: WORKERS! COMPENSATION INSURANCE AFFIDAVIT (M.G.L.c. 152, § 25C(8)) | T(M.G.L.c.1 | NCE AFFIDAV | ISATION INSURA | COMPEN | 4 - WORKERS | SECTIO |